

WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Flourece
Township of Dimmoxville
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
46241

Registration District No. 2015 Registered No. 2
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Art

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. Raymond Hill
(9) PRESENT POSTOFFICE OF FATHER Dimmoxville R7D7 S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(Years)
(12) BIRTHPLACE Flourece B. S. C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth one

MOTHER
(14) NAME BEFORE MARRIAGE Old Atkinson
(15) PRESENT POSTOFFICE OF MOTHER Dimmoxville R7D7 S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16
(Years)
(18) BIRTHPLACE Narlington Co S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN

(22) I hereby certify that I attended the birth of this child, who was a live at 5 15 a.m.,
on the date above stated. (Born alive or stillborn) (Hour (A. M. or P. M.))

(23) (Signature) Ch. Fasten
(24) State whether Physician or Midwife Physician Address of Physician or Midwife M.D. Dimmoxville S.C.

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by "X")
(27) Filed 191..... (28) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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